MEMORANDUM

Date:

To: Information Technology Branch Help Desk (All requests must be faxed to ITB Help Desk 916-323-1431)

REQUEST FOR	NETWORK	SUPPORT	SERVICES
THE CELET I OIL	TILL III OILL		DELLITE

	t ID(s):		
(list account IDs if known) Customer Contact: Telephone Number:			
Div./Region/Branch: Service Location/Rm#:			
Div./Region/Branch Chief S (required only when requesting Int			
Requested service(s):			
9 New E-Mail Account*	9 Internet Access* (Reg./Div./Branch Chief signature required)		
9 New Account (Other)	9 Dial Up (specify below)	9 GIS Data Service	
9 Acct. ID Name Change	9 Network PC Support	9 Other (specify below)	
9 Relocate (PC and/or ID)	to:	on:	
Describe service requested	or problem:		
Resolution:			
	Tech:	Date Completed:	
		Date Completed:	
User Accepted: System Administer Use Or		Date Completed:	

APPROVAL (LAN ADMINISTRATOR	8):	DATE
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(Rev. 10/03/01)

Request for New or to Modify Existing Remote ISP Email Accounts

Print Name:	(last)	(first)	(initial)	
one please:				
new accoun	ntmodify existing acc	countcancel account	issue new password	
If you selected "can	cel or modify account" —	account User ID:		
Please complete <u>al</u> modify existing acc	l of the following fields to reount:	equest a new account or con	mplete applicable fields to	
Index:	PCA:		Activity:	
Mailing address:	(Street)	(City)	(Zip)	
Operating system:	G Win95/98/NT G Win 3.x G Other	Phone number for modem use:		